

CONFIRMATION OF ENROLMENT & BOOKING REQUEST FORM

Child Name		D.O.B.	
Primary Carer Name		D.O.B.	
Email Address			

Bookings						
Current Bookings	<input type="checkbox"/> Please continue my child's current booked days		<input type="checkbox"/> until end of year closure		or <input type="checkbox"/> / /	
Change Bookings	<input type="checkbox"/> Request to amend my child's current booked days (this does not guarantee a space)					
Requested Start Date			Requested End Date			
Permanent Booking Days Requested	Long Day Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
	Before School Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
	After School Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
	Kindergarten (standalone)	Group A		Group B		
		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday (alt)	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Casual Booking	<input type="checkbox"/> A casual booking is where a child with a current enrolment attends on an irregular basis and is subject to availability					

Attachments – All Services				Received <i>(Service use only)</i>	
Medical Action Plan (if applicable)	<input type="checkbox"/> Attached			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parenting Agreement (if applicable)	<input type="checkbox"/> Attached			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Court Orders (if applicable)	<input type="checkbox"/> Attached	Expiry Date		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Additional Attachments				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Attachments – Long Day Care and Kindergarten Services Only					
Birth Certificate	<input type="checkbox"/> Attached			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Immunisation Record	<input type="checkbox"/> Attached			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Care Plan	<input type="checkbox"/> Attached			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Health Care Card (if applicable)	<input type="checkbox"/> Attached	Expiry Date		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Confirmation			
<input type="checkbox"/> Yes	I have confirmed all the information provided in myXplor is current and correct.		
<input type="checkbox"/> Yes	I agree to inform the service in the event any of these details change.		
Name			Date

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Admin Use Only:			
Date Received			Date Actioned
Actioned By			Follow Up Required
Documentation complete	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Waitlisted
Confirmation Sent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date Sent